

Exhibit P-5



KAGAN LAW FIRM

8191 College Parkway, Suite 303 ▪ Fort Myers, FL 33919 ▪
Phone (239) 466-1161 ▪ Fax (239) 466-7226

AUTHORITY TO REPRESENT- CONTRACT OF EMPLOYMENT

**ATTORNEY-CLIENT COMMUNICATION: THIS AGREEMENT CONTAINS
PERSONAL AND CONFIDENTIAL INFORMATION, THIS IS NOT TO BE
DISCLOSED TO THIRD PARTIES.**

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

E-MAIL: _____

SSN: _____

DATE OF BIRTH: _____

I do hereby retain and employ KAGAN LAW FIRM, PL referred to as "Firm", as my attorneys to represent me in my claim with regards to the NFL Concussion Settlement.

FEES

All fees herein are contingent upon recovery. If no recovery is made, no fee is owed.

As fees, I agree to pay, from the recovery, the greater of a fee awarded by the Court or the following:

- a. Fifteen percent (15%) of any and all proceeds received of any and all proceeds received up to one million dollars (\$1,000,000.00).

- b. Ten percent (10%) of any and all proceeds received over one million dollars (\$1,000,000.00).
- c. After any notice of appeal is filed, an additional five percent (5%) of any and all proceeds received. The Firms may hire, at their discretion, an appellate specialist to do such an appeal.
- d. "Proceeds received" means all the money received, including all costs and all attorneys' fees obtained in a lump sum settlement or awarded by a Court for any reason, including those obtained as a result of proposals for settlement or sanctions.
- e. All fees are computed by applying the percentages above to the total gross recovery after the deduction of costs, before interest, before payment of medical bills, or liens of any kind.
- f. In the event of a structured or periodic settlement, the fee will be calculated on the basis of the cost of the structure, or if cost is unknown, on the present money value of the structure. Fees and costs shall be paid upon settlement and not subject to a payout.

COSTS

- 1. In no event will I owe my attorneys for costs, unless a recovery is made.
- 2. From any recovery, I agree to pay all costs, fees, or expenses necessarily incurred in the prosecution of my case. Costs include investigation, depositions, consulting fees, expert fees, travel expenses (i.e. air fare, auto expenses, lodging and food for travel out of Lee County), long distance phone calls, postage, fax, computer research, exhibits, probate or guardianship counsel and/or lobbying fees.

I agree that if the Firm withdraws from representing me or decides not to pursue my case, The Firm may assert a charging lien for its fees and costs incurred against the total proceeds received.

EFFECT OF PARTIAL SETTLEMENTS

In the event settlements are reached with some, but not all defendants, my attorneys are authorized to reimburse their fees and incurred costs and to escrow sufficient funds for future costs to be held in trust and disbursed as incurred.

I agree to abide by my attorneys good faith estimate for future costs.

LIENS

The firm is authorized to withhold funds for the payment of medical bills, insurance and/or other liens arising out of my claim.

WITHDRAWAL

I agree that my attorneys, upon determining this claim to be too difficult, or not meritorious, may withdraw. I understand this may occur months or even years after signing this agreement.

LIMITED POWER OF ATTORNEY

I hereby grant the Firm a limited power of attorney to complete and sign any documents necessary to my claim should I be unavailable or unable to do so. I also grant the Firm, a limited power of attorney to endorse checks and settlement drafts so they can be deposited into their trust account. I understand that this money must stay in the trust account until I sign a closing statement approving its distribution.

COUNTERPARTS

Each party may sign a separate counterpart of this contract. All such counterparts, taken together, shall constitute one and the same instrument. Further, the signature pages from the separate counterparts may be attached to one counterpart.

I further agree to keep the Firm, informed of my whereabouts, and to continually inform the Firm of my current mailing address.

ENFORCEMENT OF AGREEMENT

I understand that this is an enforceable agreement and the Firm reserves the right at any time to enforce this agreement in a court of law having venue located in Lee County, Florida.

STATEMENT OF CLIENT'S RIGHTS AND THREE (3) DAY CANCELLATION OPTION

I have received and reviewed, and have signed in conjunction herewith, the attached Statement of Client's Rights.

This contract may be canceled by written notification to my attorneys at any time within three (3) business days from the date this contract and, if canceled, I will not be obligated for any fees or costs.

Thereafter, if I discharge my attorneys and make a recovery, I agree my attorneys are entitled to a lien for their fees and costs from any ultimate recovery.

DATED at _____ on this _____ day of _____, 2017.

CLIENT

The above employment is hereby accepted under the terms stated therein on this _____ day of _____, 2017.

KAGAN LAW FIRM, PL

By. _____
KAGAN LAW FIRM, PL
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